

**The Preschool at Calvary**

Calvary Bible Fellowship, 6782 North Main Street, PO Box 166, Coopersburg, PA 18036

Phone: 610-282-3161 \* [thepreschool@calvarybfc.org](mailto:thepreschool@calvarybfc.org)

**APPLICATION FOR ADMISSION**

**UPDATE~ RETURNING STUDENT**

2020-2021 School year

**NAME OF CHILD:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

\_\_\_\_\_

Allergies or concerns: \_\_\_\_\_

\_\_\_\_\_

**MOTHER'S NAME/LEGAL GUARDIAN:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

\_\_\_\_\_ E-mail address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**FATHER'S NAME/LEGAL GUARDIAN:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_

\_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**PERSON(S) TO WHOM CHILD MAY BE RELEASED:** Name / Address & Phone / Relationship to child

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PERSON(S) TO WHOM CHILD MAY NOT BE RELEASED:** IF APPLICABLE

**Name:**

**Address:**

**Phone:**

**Relationship to child:**

**Please indicate the appropriate class in which you are enrolling your child:**

- 3 year old Preschool program**  
Wednesday and Friday  
9:30AM-12:00 PM  
Tuition: \$120.00/month or \$1080.00/year
  
- 4 and 5 year old Pre-K program**  
Monday, Tuesday, and Thursday  
9:30AM- 12:00 PM  
Tuition: \$150.00/month or \$1350.00/year

**Please check all that apply:**

- Enclosed is the required \$50 non-refundable registration fee. Please make checks payable to:  
**The Preschool at Calvary**
- Please send Application and fee to:  
Calvary Bible Fellowship Church  
Attn: Preschool at Calvary  
P.O. Box 166  
Coopersburg, PA. 18036
- I have completed this application to the best of my knowledge.
- I have read the parent handbook and agree to abide by the policies and procedures it outlines.
- I agree to update Contact/Parental information whenever changes occur.
- I release the Preschool at Calvary to photograph my child while participating in daily activities and to use the photographs for displays or albums of Calvary Bible Fellowship only.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only:

Application Received: \_\_\_\_\_ Registration fee paid: Y/N

Program assignment: \_\_\_\_\_ Confirmation sent: \_\_\_\_\_